

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-876)

SERIAL NO.

09/988805

FILING DATE

APPLICANT(S)

4/28/01 3-3 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/		/		61						
2			/		/		62						
3			/		/		63						
4			/		/		64						
5			/		/		65						
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47													
48													
49													
50													
TOTAL IND.			1		1		TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS			1		1		TOTAL CLAIMS						

BEST AVAILABLE COPY